MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1					51						
	1		1				52						
	1		1				53						
1			1				54						
1			1				55						
1			1				56						
	1		1				57						
	7		1				58						
	0		1				59						
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	0		1				61						
	0		1				62						
	0		1				63						
	0		1				64						
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							99						
							100						
	↓	2	↓		↓		TOTAL IND.		↓		↓		↓
	⬅	18	⬅		⬅		TOTAL DEP.		⬅		⬅		⬅
		20					TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS